

Washington State Employee Assistance Program (EAP)

Contracted Provider

Quick-Reference Guide

Contact Information:

Washington State EAP
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Questions call:

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Overview

The Department of Personnel (DOP) provides human resource leadership and solutions to enable state government to deliver public sector excellence.

As the central human resource agency for the state, DOP provides a full range of human resource services to state agencies, higher education institutions, state employees, and in some instances, to other public sector and non-profit organizations.

DOP's Employee Assistance Program (EAP) is the internal employee assistance program for Washington State employees, other governmental entities, and their family members. It helps state employees with personal or work-related problems that may be impacting their work performance.

EAP Mission Statement

The Washington State Employee Assistance Program (EAP) supports the well-being of state employees to promote a resilient and productive work environment.



Contracted EAP Provider's Role and Expectations

Employee assistance is the work organization's resource that utilizes specific core technologies to enhance employee and workplace effectiveness through prevention, identification, and resolution of personal and productivity issues. An EAP is a workplace-sponsored program designed to assist (1) work organizations in addressing productivity issues and (2) employees and/or family members in identifying and resolving personal concerns that may affect job performance.

The purpose of the contracted EAP provider network is to deliver employee assistance services to employees and their family members in geographically targeted areas of Washington State.

The expectation is that the contracted provider will:

- Accept referrals and schedule appointments within required time frames.
 - Routine Appointments – Scheduled within 3 days of client call.
 - Urgent Appointments – Scheduled within 2 days of client call.
- Perform a face-to-face assessment.
- Develop an action plan and make appropriate referrals based on client's needs, available resources, and insurance benefit.
- Complete required EAP forms and return within 2 weeks of completion of services.
- Notify EAP if you are unable to receive EAP referrals.
- Follow the general guidelines and call EAP with questions at 206-281-6315.

Contracted Provider Criteria:

- Master's Degree or higher in counseling, social work, psychology or a related mental health profession.
- Minimum of 3 years post graduate clinical experience.
- State license/certification in areas of specialty as recognized by WA State Department of Health.
- Professional liability insurance – minimum of \$1 million per occurrence and \$3 million aggregate.
- Knowledge and experience in delivering assessment-referral and solution-focused EAP services to employees and their dependents.
- Knowledge and understanding of local treatment providers and community resources.
- Knowledge and understanding of EAP core technology.
- Knowledge and understanding of substance abuse and dependency.
- Ability to meet accessibility standards and respond to administrative requirements.

General Guidelines

These general guidelines will help the contracted provider understand the requirements of the EAP service delivery for WA State employees and their family members.

The EAP model is assessment, short term problem solving, and referral. Contracted providers are not to communicate directly with the employer or other persons unless authorized to do so by EAP.

- Contracted providers must report to EAP all critical incidents and cases which are potentially threatening to the client, the agency or the EAP.
- EAP will handle the communication with supervisors when a formal referral is made.
- A DSM-IV five-axis diagnosis is NOT a required outcome from the assessment.
- The EAP serves a dual clientele, meaning that the employee as well as the employing agency/entity is served. It is, therefore, inappropriate for the provider to comment, give advice, or provide information about legal actions against the client's employer.
- The provider's role is to assess the client and provide information about recommendations.
- The provider is not to make recommendations about medical leave for fitness for duty.
- Any requests for the provider to communicate directly with the employer should be referred back to EAP.

EAP Model

The EAP is a 1-3 visit model. Visits are intended to provide assessment, short-term problem solving, and referral.

The model allows a maximum of three visits. A visit is defined as a 50 minute face-to-face visit and 10 minutes for paperwork for a total of 60 minutes. Visits are reimbursed at a rate of \$60 per visit to a maximum dollar amount of \$180 per client.

The contracted provider will not be reimbursed for travel expenses or other costs or expenses without prior written authorization from the EAP Program Manager.

Use of State Time for Assessment

EAP encourages agencies to grant state time to employees for an EAP assessment. Agency policies, labor agreements, and non-represented employee rules vary. If a client asks a provider whether state time can be used, the provider will refer the client to the agency Human Resources.

How Referrals are Made

EAP will triage all incoming calls to determine eligibility and appropriateness for a face-to-face assessment.

The following criteria are met; the caller will be referred to a contracted provider.

- A face-to-face assessment is requested and is appropriate.
- The caller is located in a targeted geographic area of the state where an EAP provider has been contracted.
- When appropriate, the caller will be given the provider's contact information and instructed to call the provider to schedule an appointment.
- EAP will call and notify the provider about the referral.
- Referral information will be communicated directly to the provider via confidential voice mail or confidential fax.
- Provider Assessment forms are available at <http://www.dop.wa.gov/more/EAP/ContractedProvidersInformation/Pages/InformationandFormsforCurrentlyContractedProviders.aspx>. We encourage you to download these forms, EAP will not send copies of these forms.

Re-Referrals

A client must contact the EAP prior to seeing the contracted provider even if he or she has seen the contracted provider for a previous problem. It is the provider's responsibility to ensure that an EAP client has been telephonically screened and that a subsequent assessment has been authorized by EAP.

EAP is responsible for pre-authorizing all EAP services and will not reimburse contracted providers for EAP services provided without prior authorization.

Types of Referrals

Self-Referral: The client calls the EAP and initiates services.

Informal Referral: The supervisor or human resources consultant suggests that the employee/client call the EAP. These referrals usually results from some identified workplace concern.

Formal Referral: The supervisor or human resources consultant calls the EAP to advise an employee has been referred prior to the employee contacting the EAP. Formal referrals are a result of work performance issues usually related to attendance, performance, or conduct.

When a formal referral is made, the provider:

- Must call the EAP with appointment date and time.
- Contact the EAP to advise if the appointment was or was not kept.

EAP will call the referral source to notify whether or not the employee made contact and kept the appointment per RCW 41.04.730. Mandatory EAP referrals are not made. The law establishing the EAP states that client participation is voluntary.

Required Documents

To be completed by client prior to assessment visit:

- Client Intake Data form.
- Statement of Understanding (SOU) – The provider should review the SOU with the client. If the client declines to sign the SOU, the provider will not proceed with the assessment session and will notify the EAP.
- Notice of Privacy Practices Acknowledgement Form.

To be completed by the provider following the assessment visits:

- Assessment form—complete and return to EAP within 5 days of initial visit.
- Recommendation and Closing form.
- Referral Waiver form (if appropriate).
- Invoice form.
- Authorization for Release of Information (if appropriate).

If the client does not make an initial contact with the provider within 10 working days of the EAP referral, the provider will complete the Recommendations and Closing form and mail or fax to EAP.

All forms must be returned to the EAP for reimbursement. EAP will only reimburse for visits pre-authorized by EAP at the agreed upon contracted rate. The provider is advised to make copies of the forms and maintain in client file.

With client's permission, EAP will send a client survey to the client's home. Survey will be sent after the case has been closed, which is usually within 60-90 days after assessment is completed.

Payment and Billing Procedures

Complete the following forms and return to EAP. Incomplete forms will be returned to the provider and may result in delay of payment. Forms are available at

<http://www.dop.wa.gov/more/EAP/ContractedProviders/Pages/default.aspx>.

- Invoice form. Complete Invoice for all claims. To ensure client confidentiality, EAP referral number is required on invoice. Client name must NOT appear on invoice form. Keep a copy of the invoice for your records.
- Client Intake Data form
- Recommendation and Closing form.
- Referral Waiver form (if appropriate).

No-Show Appointments

EAP will not reimburse contracted providers for the first missed or late cancelled appointment, and the provider may not bill the client for the missed visit. If the client, however, reschedules the initial appointment and then fails to keep the appointment a second time, EAP will reimburse provider for the second no-show.

You must notify EAP of no-show appointments. This is especially important for formal referrals.

Retaining Clients

Retaining clients is defined as a case in which the EAP contracted provider conducting the assessment retains the client for ongoing counseling after completing the EAP assessment.

- The EAP discourages self-referrals, but understands that retention of clients for ongoing services may be warranted under certain circumstances.
- In such cases, the provider must offer the client two other additional referrals. The provider must not have any financial interest when referring to any provider.
- The decision to retain a client must be documented on the Referral Waiver form, completed by both the provider and client.

Referring Clients

When referring clients to other providers for ongoing services it is important to refer within the client's medical benefit. In addition, advise clients that certain services may not be covered (i.e. V Codes).

Attachments:

Assessment form

Recommendation and Closing form

Referral Waiver form (if appropriate)

Invoice form

Authorization for Release of Information (if appropriate)

Client Intake Data form

Statement of Understanding (SOU)

Notice of Privacy Practices Acknowledgement

